

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMM. IN
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

HOBBS CTB-1

Operator PAN AMERICAN PETROLEUM CORPORATION		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	
Address BOX 63, HOBBS, N. M. 88240			
Reason(s) for filing (Check proper box): New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) CHANGE NAME OF LEASE FROM: STATE A-1 EFFECTIVE 1-1-71	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>		Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner			

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE A	Well No.: Pool Name, including Formation 8 HOBBS-GSA	Kind of Lease State, Federal or Free STATE	Lease No. A-1212
Location Unit Letter D ; 660 Feet From The NORTH Line and 660 Feet From The WEST			
Line of Section 10 Township 19-S Range 38-E , NMPM, LEA County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> SHELL PIPE LINE CO.	Address (Give address to which approved copy of this form is to be sent) MIDLAND TEXAS		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM CO	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE OKLA		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 19
		Rge. 38	Is gas actually connected? YES
			When PLC-5

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-S

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
AREA SUPERINTENDENT

(Title)

(Date)

NOV 20 1970

OIL CONSERVATION COMMISSION

APPROVED

NOV 24 1970

, 19

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.